PTOYSING (DB-QT)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Doctor Number Old OCLU 36		
CLAIMS AS FILED - PART I									1	OTHER THAN	
	(Column 1) (Column 2)						SMALL ENTITY		OR		
	FOR	MUMB	MUMBER FILED		HAMBER EXTRA		RATE	FEE		RATE	FEE
	IC FEE CFR 1.16(e))							8	OR		8
101	al Claims CFR 1.18(c)		rainus 20			1	X & _ =		OR	X 8 =	
MO	EPENOENT CLAS	M\$	minus 2				x s •				
MULTIPLE DEPENDENT CLASH PRESENT \$7 CFR 1.10(2)									OR	<u> </u>	
							• •		ÓR	+,	
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
	(Column 2) (Column 3)						SMALL ENTITY		OR		R THAN ENTITY
4		CLAINS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI		RATE	
NOMENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		IVITE	TIONAL		RATE	ADOI- TIONAL FEE
D	Total 07 CPR (JMC)	. 1)	Minus	- a	•		X \$=		OR	x ş=	
AEN	Independent OF OF ILLES	ب '	Minus	- B	• 1		× 4=		OR	KC	300
FERST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1,16(4))							+4		ÓR		
						3 (TOTAL			TOTAL	200
(1)	01/10	~ • • • • •		•			ADD'L FEE		OR .	ADOLFEE	∞
(Column 2) (Column 3) CLAIMS HIGHEST											
NB	KPE	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL		RATE	ADDI- TIONAL
NDMENT	Total profitting	12	Ninus	- 2n	•			FEE			FEE
ENG	Independent profession	• 2	Minus	- //	=		X 8	1	OR	X \$=	/-
AM		ATION OF MULTIPLE	EDEPENDE	MTCLAM BTES	21 20/0		X 4*		OR	X \$=	
PARST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST CFR 1.14(9)						1	TOTAL		OR	TOTAL	1
	MIRIL						ADO'L FEE		OR	ADD'L FEE	
7	11400	(Column 1)		(Column 2) HIGHEST	(Calumn 3)					 ,	
ENTC		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total (37 CML 1, 1494)	12	Minus	- (VI)	- 1		X 2 -	/,	OR	x 8e	FEE
MEN	tridependent (37 CFR 1,1464)	• 4	Minus	- 4	.=		x • •	//	OR	x *	
₹	FIRST PRESENT	ATION OF WATERLE	CEPENDE	NT CLAM (DF CF)	R 1.10(0)		+1_=		OR		
							TOTAL	1		TOTAL	-
* If the entry in column 1 is less than the entry in column 2, with W in column 3.											
If the Trighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". If the Trighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											
	The "Hehest M	ember Previously P	14 End 11	read or bedroomer	and the time being			<u> </u>	. h	4	

This editection of information is required by S7 CFR 1.18. The information is required to obtain or ration a benefit by the public which is to the (and by the USPTO to process) an application. Combantiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Necessitie, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-4460.